

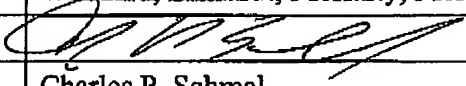
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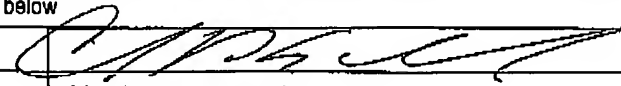
**DEC 01 2005**

WEMMH PTO/SB/21 (09-04)

Approved for use through 7/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/643,197		
		Filing Date	August 18, 2003		
		First Named Inventor	William A. BASTIAN II		
		Group Art Unit	2635		
		Examiner Name	SHIMIZU, Matsuichiro		
Total Number of Pages in this Submission	16	Attorney Docket Number	3436-13		
<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached PTO-2038 Credit Card Form <input checked="" type="checkbox"/> Amendment Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD			
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):			
		Remarks  			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>					
Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP				
Signature					
Printed Name	Charles P. Schmal				
Date	December 1, 2005	Reg. No.	45,082		

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Signature			
Typed or printed name	Charles P. Schmal	Date	December 1, 2005

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WEMMH PTO SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005**

**Complete if Known**

Application Number	10/643,197
Filing Date	August 18, 2003
First Named Inventor	William A. BASTIAN II
Examiner Name	SHIMIZU, Matsuichiro
Art Unit	2635
Attorney Docket No.	3436-13

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$ 150)
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**METHOD OF PAYMENT (check all that apply)**

☐ Check    ☒ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, Menett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (Including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
46	-44 or HP	=2	x25 =50	x0	=0
HP = highest number of total claims paid for, if greater than 20					

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
9	-8 or HP	=1	x100 =100
HP = highest number of independent claims paid for, if greater than 3			

**3. APPLICATION SIZE FEE**

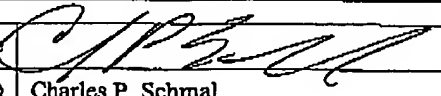
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	Fee (\$)	Fee Paid (\$)
-100	=	/50	x	0

**4. OTHER FEE(S)**

Fee Paid (\$)

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	45,082	Telephone	(317) 634-3456
Name (Print/Type)	Charles P. Schmal	Date	December 1, 2005		

CPS 1a 374406

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of:

William A. BASTIAN II

Application No. 10/643,197

Filed August 18, 2003

INVENTORY SYSTEM WITH IMAGE  
DISPLAY) Before the Examiner  
) Shimizu, Matsuichiro) Group Art Unit  
) 2635

) December 1, 2005

**RESPONSE TO FINAL OFFICE ACTION**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**Introductory Comments**

In response to the Office Action dated October 21, 2005, please enter the following amendments and remarks in the above-mentioned patent application. The Commissioner is authorized to charge any extensions of time as well as other charges or credit any overcharges to Deposit Account No. 23-3030, but not to include any payment of issue fees.

- ☐ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.
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Charles P. Schmal

Typed/printed name of person signing this certificate

Signature

December 1, 2005

Date

12/01/2005 TL0111 00000052 10643197

01 FC:2201  
02 FC:2202100.00 OP  
50.00 OPResponse to Office Action  
Serial No. 10/643,197  
Group Art Unit 2635